

2700 Customer Service Office received a status inquiry to SN 09/344,795 for a Corrected Filing Receipt which should consist of the following:

1. Drawings should be 32 instead of 29.
2. Address should have the street number included which is 816 Congress Avenue.
3. Title should be Electronic Customer Service and Rating System and Method.

AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.
ATTORNEYS AT LAW
A REGISTERED LIMITED LIABILITY PARTNERSHIP
INCLUDING PROFESSIONAL CORPORATIONS

1900 FROST BANK PLAZA
816 CONGRESS AVENUE
AUSTIN, TEXAS 78701
(512) 499-6200

Date: 11/2/99

Facsimile: (512) 499-6290

PLEASE DELIVER 4 PAGE(S) (Including Cover Sheet) TO THE FOLLOWING:

	Name	Company Name	Facsimile Number
TO:	<u>Shirley Hayes</u>	<u>US PTO</u>	<u>703 305-3711</u>
FROM:	<u>Kathy Bryan</u>		

Comments/Special Instructions

Attached is Request for Corrected Filing
Receipt, Original Filing Receipt with
noted corrections, and postcard.

Please advise regarding when we
will receive corrected filing receipt.

Thanks for your help,

Kathy

The information contained in this facsimile message is attorney-client privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

CLIENT/MATTER NO: 44508 USER ID: 4587 SECRETARY: KTB EXT: 321
0005

FAX OPERATOR VERIFICATION: _____

If there are any problems during this transmission, please call our office at (512) 499-6229.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Nicholas D. Evans

Application No.: 09/344,795

Filed: June 25, 1999

For: ELECTRONIC CUSTOMER
SERVICE AND RATING
SYSTEM AND METHOD

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Examiner: Not Yet Assigned

Group Art Unit: 2761

Attorney Docket No.: 044508.0005

CERTIFICATE OF MAILING
37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with
the U.S. Postal Service as First Class Mail in an envelope
addressed to: Assistant Commissioner for Patents, Washington,
D.C. 20231, on the date below:

8/5/99
Date

Kathryn Bryan
Kathryn Bryan

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

A corrected filing receipt is hereby requested in view of the errors which appear in the original filing receipt. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original filing receipt on which the errors have been noted in red.

Because the errors are not due to any error by Applicant, no fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to this document, the Commissioner is hereby authorized to deduct said fee from Akin, Gump, Strauss, Hauer & Feld Deposit Account No. 01-0660.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,

Orlesia A. Duren

Orlesia A. Duren
Reg. No. 43,597

Date: 8/5/99

Akin, Gump, Strauss, Hauer & Feld, L.L.P.
816 Congress Avenue, Suite 1900
Austin, Texas 78701
(512) 499-6200

PTO-103X
(Rev. 6-99)

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FILE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/344,795	06/25/99	2761	\$1,288.00	044508.0005	29	45	4

32

H DALE LANGLEY JR
AKIN GUMP STRAUSS HAUSER & FELD LLP
1900 FROST BANK PLAZA
AUSTIN TX 78701

816 Congress Avenue

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the date presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) NICHOLAS D. EVANS, HIGHLAND VILLAGE, TX.

IF REQUIRED; FOREIGN FILING LICENSE GRANTED 07/26/99
TITLE
ELECTRONIC CUSTOMER SERVICE AND RATING SYSTEM METHOD
PRELIMINARY CLASS: 705
AND

DATA ENTRY BY: WYATT, DEBRA

TEAM: 06 DATE: 07/26/99

FOR MORE INFORMATION ACCESS USPTO WEBSITE OR CONTACT USPTO CUSTOMER SERVICE CENTER

(See reverse for new important information)

Please indicate receipt of the below-identified paper(s):

☐ New application for _____
 Specification _____ Pages _____ Drawings _____ Sheets _____
 No. of Claims _____ Abstract _____ Page _____

CIP / Continuation / Divisional / FWC - (Circle One)

☐ Response to Office Action dated _____ ☐ Fin. Rej.
☒ Other Request for corrected filing Receipt;
Return Postcard

☐ Assignment☒ Cert. of Timely Mailing☐ Express Mail

Identification of Application:

Serial No. 09/344, 795Title Electronic Customer Service and Rating
System and MethodApplicant Nick EvansClient " "AGSHF File No. 44508.0005Atty. OAD/HDL

Mailed _____

Due Date _____

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☐ New application for _____
 Specification _____ Pages _____ Drawings _____ Sheets _____
 No. of Claims _____ Abstract _____ Page _____

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